



Masonic Care Community
2150 Bleecker Street, Utica, New York 13501

The Masonic Care Community
is a Tobacco-Free Campus

Application for Employment

Please print and complete in full.

We are an Equal Opportunity Employer and do not discriminate in hiring on the basis of race, color, religion, national origin, sex, sexual orientation, ancestry, veteran or military status, marital status, handicap status, disability, or age. No information on this application is intended to secure information to be used for such discrimination. This application will be given consideration, but its receipt does not imply that the applicant will be employed.

Name: Last First Middle Date:

Other Names Used

Address: Street City State Zip Code

Telephone Number: Alternate Telephone Number:

List position(s) or type of work in order of preference for which you are interested: Salary Required: \$

Check all work schedules acceptable to you: Full-Time Part-Time Days Evenings Nights Weekends Consultant Per Diem Temporary

Specific Days and Hours:

Date available for employment

Are you a citizen of the USA? Yes No Are you over age 18? Yes No

Have you ever applied for work at the Masonic Care Community or Acacia Home Care? Yes No If yes, when?

Have you ever worked at the Masonic Care Community or Acacia Home Care? Yes No If yes, when?:

Are you able to perform the essential duties of the job(s) for which you have applied, with or without a reasonable accommodation? Yes No If no, please describe any tasks which you are not able to perform with or without a reasonable accommodation (position description available upon request):

List relatives working at the Masonic Care Community or Acacia Home Care and state relationship:

Have you ever been convicted or have any charge pending of a crime or violation? Yes No If yes, explain

Table with 4 columns: Education, Name/Address, Degree Received, Major. Rows include High School, College, College.

Other training, certification/licenses:

(Start with Present or Last Job)					EMPLOYMENT EXPERIENCE				
FROM		TO		EMPLOYER'S NAME ADDRESS AND TELEPHONE NO.			LAST SALARY AND POSITION(S) HELD		REASON FOR LEAVING
Mo.	Yr.	Mo.	Yr.	Employer No. Street City, State, Zip Supervisor	Phone:		Salary	Position	
Mo.	Yr.	Mo.	Yr.	Employer No. Street City, State, Zip Supervisor	Phone:		Salary	Position	
Mo.	Yr.	Mo.	Yr.	Employer No. Street City, State, Zip Supervisor	Phone:		Salary	Position	
Mo.	Yr.	Mo.	Yr.	Employer No. Street City, State, Zip Supervisor	Phone:		Salary	Position	
Mo.	Yr.	Mo.	Yr.	Employer No. Street City, State, Zip Supervisor	Phone:		Salary	Position	

WORK RELATED REFERENCES		
GIVE NAMES OF PERSONS WE MAY CONTACT TO VERIFY YOUR QUALIFICATIONS FOR THE POSITION		
Name	Organization:	Occupation:
	Address:	Phone #:
Name	Organization:	Occupation:
	Address:	Phone #:
Name	Organization:	Occupation:
	Address:	Phone #:

REFERRAL SOURCE

Social Media (specify)_____ Employee__ Relative___ Walk-in___ Job Fair__ MCC Website___ Indeed___
 Radio___ Television___ Other (specify)_____

Please describe your interest in employment with us.

I voluntarily give this facility the right to make a thorough investigation of my past employment and activities, agree to cooperate in investigation and release from all liability or responsibility all persons, companies or corporations supplying such information. I consent to take the physical examination and such future physical examinations as may be required by this facility at such times and places as the facility shall designate. I understand that an offer of employment may be contingent on passing the physical examination which relates to the essential duties I would be required to perform.

I understand that if employed: 1) any misrepresentation or omission of facts requested in this application is cause for dismissal; 2) my employment is for no definite period and I may, regardless of the date of payment of my wages and salary, be terminated without cause at any time without prior notice; and 3) I will abide by Company rules, policies and procedures, which I understand are subject to change.

If employed, I will be required to complete an Employment Verification (I-9), and within three days, show satisfactory evidence of identity and eligibility for employment.

Date: _____ Signature of Applicant: _____



Authorization for Search and Exchange of Information

New York State Law requires that this facility obtain a criminal history record check before employing any unlicensed/licensed individual to provide care or supervision to our residents.

As part of this process, your fingerprints will be electronically scanned and sent to the DCJS and the results provided to New York State Department of Health by DCJS and the F.B.I. The facility will also receive the results of your scan.

You may withdraw your application for employment at anytime, without prejudice, prior to the decision on employment. **The employer is prohibited from hiring any individual whose history check reveals a mandatory disqualifying offense.** You will have the opportunity to obtain, review and explain the information contained in the criminal history record check.

If you have any criminal history record information of patient or resident abuse, or a **conviction for a crime or violation** please explain:

I, hereby authorize Masonic Care Community to submit a request to the Attorney General of the United States to conduct a search of the records of the Criminal Justice Information Services Division of the Federal Bureau of Investigation for any criminal history records corresponding to the fingerprints or other identification information submitted by me. I further authorize the exchange of such information between the Attorney General of the United States, the New York State Department of Health and Masonic Care Community, and within its healthcare system (i.e. among "sister" nursing homes/home care agencies). This information may be used by Masonic Care Community and only for the purpose of determining my suitability for employment.

I further authorize and request any present or former employer, educational institution, law enforcement agency, financial institution, or other persons having personal knowledge about me to furnish to the Masonic Care Community, and/or its agents, with any and all information in their possession regarding me, in connection with an application of or retention of employment. I hereby release from liability and hold harmless all persons and corporations supplying this information. A photocopy of this authorization is as effective as the original.

Signature: _____ Date: _____

Name: _____
(print)